



**USAID**  
FROM THE AMERICAN PEOPLE

# FAST FACTS

## Tuberculosis

### Key Facts

- **1998:** Start of USAID's tuberculosis (TB) program
- **\$754 million:** Approximate USAID funding for TB for fiscal years 2000–2008
- **\$162 million:** Amount USAID set aside for international TB efforts in fiscal year 2008
- **Every 20 seconds:** Someone dies of TB
- **1/3:** Estimated proportion of the world's population who are infected with TB but have not necessarily developed the disease
- **9 million:** Estimated number of new cases of active TB each year
- **8%:** Estimated percentage of new TB patients who are HIV positive
- **DOTS:** "Directly observed treatment, short course"<sup>1</sup> has been adopted by 183 countries
- **\$56 billion:** Estimated cost of the Stop TB Partnership's second Global Plan to Stop TB (2006–2015)

### Global Impact of TB and the Stop TB Strategy

**TB kills.** TB, an airborne disease, killed 1.5 million people in 2006.

**It hits poor countries.** TB is a disease of poverty that disproportionately affects poor countries and marginalized populations. Ninety-five percent of all TB cases and 98 percent of all TB deaths occur in developing countries, with most deaths occurring in sub-Saharan Africa and Asia.

**TB has implications for U.S. citizens.** In the United States, foreign-born people from endemic countries are at higher risk of TB infection, with a rate almost 10 times higher than that of people born in the United States. The health of Americans is linked to the lives of others around the world.

**Tools to diagnose, treat, and cure TB are outdated.** The newest TB drug is 40 years old; the standard diagnostic technology used in developing countries is 100 years old; and the BCG vaccine, with almost no protective effect in adults, was introduced in 1921. Without new tools, TB will not be eliminated and will continue to be a public health problem.

**TB is treatable.** The Stop TB Partnership's Stop TB Strategy expands and enhances the widely accepted DOTS approach, which includes inexpensive drugs for treating TB.

**It can be controlled.** In addition to high-quality DOTS programs, the Stop TB Strategy employs new approaches to control TB. These include political commitment with increased and sustained financing; case detection through quality-assured bacteriology; standardized treatment with supervision and patient support; an effective drug supply and management system; and monitoring and evaluation systems with impact measurement. Region-specific scenarios that incorporate the Stop TB Strategy form the basis of the second Global Plan to Stop TB (2006–2015), which serves as a guideline for USAID activities.

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<sup>1</sup> DOTS is the WHO-recommended strategy for TB treatment. The DOTS strategy has five components: political commitment; passive case detection among patients seeking care at health facilities and diagnosis using sputum smear microscopy; standardized short-course treatment with direct observation of therapy, at least in the initial phase; assurance of an uninterrupted supply of high-quality drugs; and standardized recording/reporting with systematic evaluation of treatment outcomes.

## USAID Programs

USAID's objective is to help countries control TB by achieving the global targets of 70 percent case detection and 85 percent treatment success rates among patients with active TB. USAID has TB programs in about 40 countries that were selected based on the following criteria: high burden of TB; high incidence of TB (case notification rates more than 100/100,000); high HIV/AIDS burden (TB-HIV co-infection); prevalence and/or potential for drug resistance; and lagging case detection and treatment success rates. USAID-assisted programs support the following activities:

- **Expanding and enhancing DOTS programs.** USAID supports interventions to increase access to and quality of DOTS; empowers people with TB and their communities; and engages all public and private health care providers.
- **Scaling up the management of MDR- and XDR-TB.** USAID's strategic priorities to address MDR- and XDR-TB are fully consistent with WHO's Global MDR-TB and XDR-TB Response Plan 2007. USAID promotes both the full integration of MDR-TB treatment into DOTS programs as well as measures to improve the quality of DOTS services to prevent further drug resistance. Capacity building for infection control and management of second-line anti-TB drugs are high priorities. USAID also supports surveillance to measure the magnitude and extent of drug resistance.
- **Addressing TB-HIV co-infection.** About 42 million people are HIV infected; nearly 50 percent also are infected with TB. USAID helps countries implement TB/HIV collaborative activities such as HIV testing of TB patients, TB screening among people with HIV/AIDS, and referrals between HIV/AIDS and TB services.
- **Strengthening health systems and human resource capacity.** USAID advocates for TB programs in health policies, integrates TB control efforts into health system reforms, tracks TB financial resources, and trains health care providers, managers, epidemiologists, community-based workers, and volunteers.
- **Developing and disseminating new tools and improved approaches.** USAID addresses areas critical for improving the performance and impact of country-level TB programs. For example, USAID supports research into new drugs, diagnostics, and treatment regimens that are less labor intensive, are more cost effective, and improve patient access.

## USAID Partners

Partnerships are a cornerstone of USAID's expanded response to TB. Financial, technical/programmatic, and advocacy partnerships support global, regional, and country (local) activities. Leveraging its field presence in developing and transitional countries, USAID allocates approximately 80 percent of its annual TB budget to country-level programs and activities, including the Global TB Drug Facility, which provides free TB drugs to programs in need. USAID is a member of the Stop TB Partnership, a network of more than 700 international organizations, donors, nongovernmental organizations, and individuals working to eliminate TB as a public health problem. USAID also partners with leading institutions in the global TB community, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the U.S. Centers for Disease Control and Prevention; WHO; the TB Coalition for Technical Assistance; the Global Alliance for TB Drug Development; the International Union Against TB and Lung Disease; the Program for Appropriate Technology in Health; the Tuberculosis Control Assistance Program; and the Royal Netherlands Tuberculosis Association.

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